

# MICHIGAN STATE MEDICAL SOCIETY

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Good afternoon and thank you Chairman Marleau for the opportunity to speak today.

My name is Bobby Mukkumala, I am an otolaryngologist from Flint as well as the Vice Chair of the Board of the Michigan State Medical Society. Otolaryngology is the branch of medicine and surgery that specializes in the diagnosis and treatment of disorders of the head and neck. I perform approximately 20-30 operations per week and all of them require some degree of anesthesia. As a surgeon, I am reliant upon my colleagues in the anesthesia department to keep my patients as comfortable as possible, but most importantly I rely on them to keep my patients as safe as possible.

I should acknowledge at the outset that all of the facilities at which I practice utilize CRNAs as well as Board Certified Physician anesthesiologists. CRNAs are highly skilled members of the anesthesia team and are valued by their colleagues in the operating suite and in anesthesia department. Unfortunately, Senate Bill 180 erodes the concept of team by expanding the scope of practice for a single profession without requiring any additional training or education. I was amazed to find, while researching this bill, that such a seemingly simple language change (that of adding the administration of anesthesia to the definition of the practice of nursing) could have such far reaching ramifications that impact patient safety. To simplify the administration of anesthesia in such a way is a great disservice to my patients. There is a reason that anesthesiologists, with their MINIMUM of 4 years of pre medical education, 4 years of medical school, and 4 years of residency are critical to the delivery of anesthesia care. While in my 20-30 cases per week, 90% of the time things go very smoothly, the reason it goes so smoothly is that an anesthesiologist is ALWAYS available. I don't recall one week ever going by that an anesthesiologist has not been called back to the room to deal with an issue that comes up unexpectedly. Whether it is a breathing tube that can't be inserted properly, or an IV that can't be placed, or a patient whose vocal cords slam shut after surgery, a dangerous condition known as laryngospasm, the first call that is made in these situations is for the supervising anesthesiologist to come to the room. If the proposed language is adopted, we will find ourselves in the dangerous situation of having the MOST qualified person in these emergencies, the anesthesiologist, be nowhere to be found.

Senate Bill 180 seeks to change the definition of nursing to include the administration of anesthesia for those individuals trained as CRNAs. The terminology in the bill sounds very simple and straight forward as if they are simply ordering the anesthetic and then flipping the switch to administer the drug. The real effect of this language change however is that, just as floor nurses in the hospital can do what they do best without physician supervision, *nurse anesthetists* would



be able to do what ANESTHESIOLOGISTS DO BEST without the benefit of anesthesiologists' supervision. There is much more to the delivery of care that an anesthesiologist provides than simply turning on and off the gas. Questions of patients' overall health and particularly cardiac and pulmonary health come in to play every day. There is a reason that anesthesiologists spend months of their training taking care of the sickest patients in the hospital in the cardiac ICU. By training so thoroughly with the sickest of patients, they are as prepared as possible for all that could happen in a seemingly routine procedure. The bill that you are considering today fails to acknowledge that this experience and depth of knowledge is critical to the safe delivery of anesthesia to all patients. This knowledge CANNOT be imparted to a nurse anesthetist simply by adding a bold face sentence to the end of what it means to be a nurse.

We should not sacrifice quality and patient safety for the sake of convenience. The risk of a severe complication to the patient is a very real concern. When reviewing legislation that expands scope of practice, the crucial question needs to be asked is: can the profession in question handle the complications that might arise as a result of their increased scope? As you have heard from others today, there are significant risks to patients and complications that can arise during anesthesia, risks and complications that are best avoided by physician supervision.

As an organization, we are always interested in constructive dialogues to address underlying issues that improve patient care and access. However, we believe that Senate Bill 180 does little to assure improvement related to quality or access. There are no requirements for additional training. It is clear that the ramifications of this bill would in fact allow for lowering of the standard for anesthesia care and put our patients through the *unnecessary* risk of having a lesser qualified provider of this care.

Senate Bill 180 removes an important safeguard in the Public Health Code that relies on the physician to make the crucial judgment about the medical needs of that patient. The ability to make that judgment is earned through the additional years of training obtained by a physician. Instead of utilizing the education and training of the physician to determine whether a patient may require the additional expertise of an anesthesiologist for a case, we are removing that safeguard in Senate Bill 180.

Granting independence to CRNAs and HOPING that access improves and more importantly HOPING that safety is NOT negatively impacted is not a comprehensive plan for addressing health care in Michigan. Safety is not something that we should HOPE gets preserved as we contemplate changes to well thought out existing language. Instead, it is something that we should actively pursue by education and training as I and my anesthesiologist colleagues have and continue to do.

Thus, I and the Michigan State Medical Society are therefore opposed to Senate Bill 180.

I thank you very much for allowing me to share my thoughts on this matter with you especially on behalf of my patients.